

DUPLICATE

**FORM L1-A**  
**Reporting For Calendar Year 2009**

**ANNUAL REPORT**  
**OF**  
**GOVERNMENTAL AFFAIRS AGENT**



**ELEC RECEIVED,**  
**FEB 19 2010**

FOR STATE USE ONLY

**NEW JERSEY ELECTION LAW ENFORCEMENT COMMISSION**

P.O. Box 185, Trenton, NJ 08625-0185  
(609) 292-8700 or Toll Free Within NJ 1-888-313-ELEC (3532)  
Website: [www.elec.state.nj.us](http://www.elec.state.nj.us)

Amendment

Name of Governmental Affairs Agent or Governmental Affairs Agent Firm: \*

MWW Group

Business Address One Meadowlands Plaza

6th Floor

City East Rutherford

State NJ

Zip Code 07073

\*(Area Code) Telephone Number \_\_\_\_\_

1. Provide the following information regarding the Governmental Affairs Agent(s) on whose behalf this report is filed.

1. Name William P Murray

Registration Number 551-36

Occupation or Business Executive Vice President

Business Address One Meadowlands Plaza, 6th Floor

City East Rutherford

State NJ

Zip Code 07073

\*(Area Code) Telephone Number 201-507-9500

2. Name Kevin Frechette

Registration Number 551-35

Occupation or Business Sr. Vice President/General Manager

Business Address 222 West State Street, Suite 306

City Trenton

State NJ

Zip Code 08608

\*(Area Code) Telephone Number 609-396-0067

3. Name Timothy White

Registration Number 551-44

Occupation or Business Vice President

Business Address One Meadowlands Plaza, 6th Floor

City East Rutherford

State NJ

Zip Code 07073

\*(Area Code) Telephone Number 201-507-9500

4. Name Lori Price Abrams

Registration Number 551-49

Occupation or Business Vice President

Business Address 222 West State Streets, Suite 306

City Trenton

State NJ

Zip Code 08608

\*(Area Code) Telephone Number 609-396-0067

1. Provide the following information regarding the Governmental Affairs Agent(s) on whose behalf this report is filed.

1. Name Mark Matzen (terminated at present)

Registration Number 551-46 Occupation or Business Sr. Vice President

Business Address One Meadowlands Plaza, 6th Floor

City East Rutherford State NJ Zip Code 07073

\*(Area Code) Telephone Number 201-507-9500

2. Name Jeffrey Meyer (terminated at present)

Registration Number 551- Occupation or Business Vice President

Business Address 222 West State Street, Suite 306

City Trenton State NJ Zip Code 08608

\*(Area Code) Telephone Number 609-396-0067

3. Name \_\_\_\_\_

Registration Number \_\_\_\_\_ Occupation or Business \_\_\_\_\_

Business Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

\*(Area Code) Telephone Number \_\_\_\_\_

4. Name \_\_\_\_\_

Registration Number \_\_\_\_\_ Occupation or Business \_\_\_\_\_

Business Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

\*(Area Code) Telephone Number \_\_\_\_\_

\*Leave this field blank if your telephone number is unlisted. Pursuant to N.J.S.A. 47:1A-1.1, an unlisted telephone number is not a public record and must not be provided on this form.

2. REPRESENTED ENTITIES DESIGNATING THIS REPORT TO INCLUDE ALL THEIR ACTIVITY

Provide the following information concerning those Represented Entities who have designated this report to include their activity.

Note: For each Represented Entity, Form L-2 must be filed.

1. Name of Represented Entity Adams, Rehmann & Heggan Associates

Business Address 850 South White Horse Pike

Check if communication with the general public ("Grassroots Lobbying") was the **only** lobbying activity for this entity.

City Hammonton State NJ Zip Code 08037

Type of Business Engineering, surveying & environmental sciences

2. Name of Represented Entity Association of Jewish Federations

Business Address 901 Route 10

Check if communication with the general public ("Grassroots Lobbying") was the **only** lobbying activity for this entity.

City Whippany State NJ Zip Code 07981

Type of Business Advocacy

3. Name of Represented Entity Catholic Charities of the Archdiocese of Newark

Business Address 1160 Raymond Boulevard

Check if communication with the general public ("Grassroots Lobbying") was the **only** lobbying activity for this entity.

City Newark State NJ Zip Code 07102

Type of Business Health-care and social service affiliate supporting the Roman Catholic Archdiocese of Newark

4. Name of Represented Entity International Federation of Professional & Technical Engineers, Local 196

Business Address 895 Green Street

Check if communication with the general public ("Grassroots Lobbying") was the **only** lobbying activity for this entity.

City Iselin State NJ Zip Code 08830

Type of Business A Union representing union professionals

5. Name of Represented Entity International Specialty Products

Business Address 1361 Alps Road

Check if communication with the general public ("Grassroots Lobbying") was the **only** lobbying activity for this entity.

City Wayne State NJ Zip Code 07470

Type of Business Developer, manufacturer and supplier of innovative specialty ingredients

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Note: For each Represented Entity, Form L-2 must be filed.

1. Name of Represented Entity Lighting Science Group

Business Address 120 Hancock Lane

Check if communication with the general public ("Grassroots Lobbying") was the **only** lobbying activity for this entity.

City Westhampton State NJ Zip Code 08060

Type of Business LED Lighting Company

2. Name of Represented Entity Mack-Cali Realty Corporation

Business Address 343 Thornall Street

Check if communication with the general public ("Grassroots Lobbying") was the **only** lobbying activity for this entity.

City Edison State NJ Zip Code 08837

Type of Business Commercial Real Estate Trust

3. Name of Represented Entity Municipal Coalition for the Susquehanna-Roseland

Business Address c/o Catherine Tamasik @ DeCotiis, Fitzpatrick, Cole & Wisler  
500 Frank W. Burr Blvd, Suite 31

Check if communication with the general public ("Grassroots Lobbying") was the **only** lobbying activity for this entity.

City Teaneck State NJ Zip Code 07666

Type of Business Coalition of Municipalities

4. Name of Represented Entity NJ Cure/NJ Pure

Business Address 214 Carnegie Center  
Suite 101

Check if communication with the general public ("Grassroots Lobbying") was the **only** lobbying activity for this entity.

City Princeton State NJ Zip Code 08540

Type of Business Auto insurance/medical malpractice insurance

5. Name of Represented Entity \_\_\_\_\_

Business Address \_\_\_\_\_

Check if communication with the general public ("Grassroots Lobbying") was the **only** lobbying activity for this entity.

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Type of Business \_\_\_\_\_

**2. REPRESENTED ENTITIES DESIGNATING THIS REPORT TO INCLUDE ALL THEIR ACTIVITY**

Provide the following information concerning those Represented Entities who have designated this report to include their activity.

Note: For each Represented Entity, Form L-2 must be filed.

**1. Name of Represented Entity** Parsons Advanced Technologies

Business Address 3100 Princeton Pike  
Building 2, 3rd Floor

Check if communication with the general public ("Grassroots Lobbying") was the **only** lobbying activity for this entity.

City Lawrenceville State NJ Zip Code 08648

Type of Business Engineering & construction organization

**2. Name of Represented Entity** Princeton Healthcare System

Business Address 253 Witherspoon Street

Check if communication with the general public ("Grassroots Lobbying") was the **only** lobbying activity for this entity.

City Princeton State NJ Zip Code 08540

Type of Business Provider of Heathcare services

**3. Name of Represented Entity** Qualcare, Inc.

Business Address 30 Knightsbridge Road

Check if communication with the general public ("Grassroots Lobbying") was the **only** lobbying activity for this entity.

City Piscataway State NJ Zip Code 08854

Type of Business Managed care provider/Health Insurance

**4. Name of Represented Entity** Ramapo College of New Jersey

Business Address 505 Ramapo Valley Road

Check if communication with the general public ("Grassroots Lobbying") was the **only** lobbying activity for this entity.

City Mahwah State NJ Zip Code 07430

Type of Business Continued Educational Facility/College University

**5. Name of Represented Entity** Salem County

Business Address 164 Route #45

Check if communication with the general public ("Grassroots Lobbying") was the **only** lobbying activity for this entity.

City Salem State NJ Zip Code 08079

Type of Business County Government Agency

2. REPRESENTED ENTITIES DESIGNATING THIS REPORT TO INCLUDE ALL THEIR ACTIVITY

Provide the following information concerning those Represented Entities who have designated this report to include their activity.

Note: For each Represented Entity, Form L-2 must be filed.

1. Name of Represented Entity Stavola Companies

Business Address 175 Drift Road

Check if communication with the general public ("Grassroots Lobbying") was the **only** lobbying activity for this entity.

City Tinton Falls State NJ Zip Code 07724

Type of Business Asphalt & Recycling materials, construction materials, contracting & real estate

2. Name of Represented Entity St. Vincent Medical Center of NY

Business Address 450 W 33rd Street

Check if communication with the general public ("Grassroots Lobbying") was the **only** lobbying activity for this entity.

City New York State NY Zip Code 10001

Type of Business Healthcare facility

3. Name of Represented Entity Stephen Samost, Esq.

Business Address 479 Centennial Blvd.

Check if communication with the general public ("Grassroots Lobbying") was the **only** lobbying activity for this entity.

City Voorhees State NJ Zip Code 08043

Type of Business Law Firm

4. Name of Represented Entity Tierra Solutions, Inc.

Business Address Two Tower Center Blvd.  
Floor 10

Check if communication with the general public ("Grassroots Lobbying") was the **only** lobbying activity for this entity.

City East Brunswick State NJ Zip Code 08816

Type of Business Corporate Holding Company

5. Name of Represented Entity Village of Loch Arbour

Business Address 550 Main Street

Check if communication with the general public ("Grassroots Lobbying") was the **only** lobbying activity for this entity.

City Loch Arbour State NJ Zip Code 07711

Type of Business Town Government Agency

**2a. OTHER REPRESENTED ENTITIES**

Provide the following information concerning other Represented Entities.

1. Name of Represented Entity \_\_\_\_\_

Business Address \_\_\_\_\_  
\_\_\_\_\_

Check if communication with the general public ("Grassroots Lobbying") was the **only** lobbying activity for this entity.

City \_\_\_\_\_ State \_\_\_\_\_

Zip Code \_\_\_\_\_

Type of Business \_\_\_\_\_

2. Name of Represented Entity \_\_\_\_\_

Business Address \_\_\_\_\_  
\_\_\_\_\_

Check if communication with the general public ("Grassroots Lobbying") was the **only** lobbying activity for this entity.

City \_\_\_\_\_ State \_\_\_\_\_

Zip Code \_\_\_\_\_

Type of Business \_\_\_\_\_

3. Name of Represented Entity \_\_\_\_\_

Business Address \_\_\_\_\_  
\_\_\_\_\_

Check if communication with the general public ("Grassroots Lobbying") was the **only** lobbying activity for this entity.

City \_\_\_\_\_ State \_\_\_\_\_

Zip Code \_\_\_\_\_

Type of Business \_\_\_\_\_

4. Name of Represented Entity \_\_\_\_\_

Business Address \_\_\_\_\_  
\_\_\_\_\_

Check if communication with the general public ("Grassroots Lobbying") was the **only** lobbying activity for this entity.

City \_\_\_\_\_ State \_\_\_\_\_

Zip Code \_\_\_\_\_

Type of Business \_\_\_\_\_

5. Name of Represented Entity \_\_\_\_\_

Business Address \_\_\_\_\_  
\_\_\_\_\_

Check if communication with the general public ("Grassroots Lobbying") was the **only** lobbying activity for this entity.

City \_\_\_\_\_ State \_\_\_\_\_

Zip Code \_\_\_\_\_

Type of Business \_\_\_\_\_

**SCHEDULE A**

1. Did any Governmental Affairs Agent named in this Annual Report serve as a member of:

- > any independent State authority;
- > any county improvement authority;
- > any municipal utilities authority;
- > any inter-State or bi-State authority as a member from New Jersey; or,
- > any board or commission established by statute or resolution, or by executive order of the Governor, or by the Legislature, or by any Agency, Department or other instrumentality of the State?

No If "no," continue on to the next question.       Yes If "yes," please provide the following information:

Name of Governmental Affairs Agent \_\_\_\_\_

Name of Authority, Board, or Commission \_\_\_\_\_

Date When Term of Service Expires \_\_\_\_\_

Name of Governmental Affairs Agent \_\_\_\_\_

Name of Authority, Board, or Commission \_\_\_\_\_

Date When Term of Service Expires \_\_\_\_\_

Name of Governmental Affairs Agent \_\_\_\_\_

Name of Authority, Board, or Commission \_\_\_\_\_

Date When Term of Service Expires \_\_\_\_\_

Name of Governmental Affairs Agent \_\_\_\_\_

Name of Authority, Board, or Commission \_\_\_\_\_

Date When Term of Service Expires \_\_\_\_\_

2. Did all Governmental Affairs Agent(s) named in this Annual Report file all Notices of Representation and Quarterly Reports required during the calendar year covered by this Annual Report?

Yes If "yes," continue on to Schedule B.       No If "no," please file the necessary reports immediately.







**SCHEDULE G-1****ITEMIZATION OF BENEFITS WHICH EXCEEDED \$25 PER DAY OR \$200 PER CALENDAR YEAR TO STATE OFFICIALS AND THEIR IMMEDIATE FAMILY MEMBERS**

**PURPOSE:** To report detailed information concerning benefits passed to State officials covered by the Act, as well as the immediate family members of these officials. If the value of a benefit exceeded \$25 per day or \$200 per calendar year, report below.

*(Select one description item for each entry from the drop down list. When selecting "O - Other", enter a description in the space provided.)*

Name of Benefit Recipient \_\_\_\_\_ N/A \_\_\_\_\_

Date \_\_\_\_\_ Description \_\_\_\_\_ Amount \$ \_\_\_\_\_

Name and Address of Payee/Vendor

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

If benefit was reimbursed, please report the date, the description, and the amount of the reimbursement.

Date \_\_\_\_\_ Amount \$ \_\_\_\_\_

Description \_\_\_\_\_

Name of Benefit Recipient \_\_\_\_\_

Date \_\_\_\_\_ Description \_\_\_\_\_ Amount \$ \_\_\_\_\_

Name and Address of Payee/Vendor

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

If benefit was reimbursed, please report the date, the description, and the amount of the reimbursement.

Date \_\_\_\_\_ Amount \$ \_\_\_\_\_

Description \_\_\_\_\_

Name of Benefit Recipient \_\_\_\_\_

Date \_\_\_\_\_ Description \_\_\_\_\_ Amount \$ \_\_\_\_\_

Name and Address of Payee/Vendor

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

If benefit was reimbursed, please report the date, the description, and the amount of the reimbursement.

Date \_\_\_\_\_ Amount \$ \_\_\_\_\_

Description \_\_\_\_\_

Name of Benefit Recipient \_\_\_\_\_

Date \_\_\_\_\_ Description \_\_\_\_\_ Amount \$ \_\_\_\_\_

Name and Address of Payee/Vendor

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

If benefit was reimbursed, please report the date, the description, and the amount of the reimbursement.

Date \_\_\_\_\_ Amount \$ \_\_\_\_\_

Description \_\_\_\_\_

### SUMMARY OF BENEFIT PASSING

**PURPOSE:** To report the total amount of providing benefits to State officials covered by the Act and their immediate family members.

	SCHEDULE G-1*		SCHEDULE G-2**		AMOUNT
Entertainment	\$ 0.00	+	\$ 0.00	=	\$ 0.00
Food and Beverage	0.00	+	0.00	=	0.00
Travel	0.00	+	0.00	=	0.00
Lodging	0.00	+	0.00	=	0.00
Honoraria	0.00	+	0.00	=	0.00
Loans	0.00	+	0.00	=	0.00
Gifts	0.00	+	0.00	=	0.00
Other (specify) _____	0.00	+	0.00	=	0.00
<b>Total</b>	<b>\$ 0.00</b>	<b>+</b>	<b>\$ 0.00</b>	<b>=</b>	<b>\$ 0.00</b>

**SCHEDULE G-1 AND  
SCHEDULE G-2 TOTAL**

\* After completing all entries on Schedule G-1, provide totals by category.

\*\* Enter, by category, the value of benefit passing where the expenditure did NOT exceed the \$25/day or \$200/calendar year thresholds.

**ENTER THE TOTAL AMOUNT OF REIMBURSED BENEFITS, IF ANY.**

**DO NOT DEDUCT THIS AMOUNT FROM BENEFIT PASSING AMOUNTS.**

\$ 0.00

### SUMMARY OF LOBBYING EXPENDITURES

**EXPENDITURES**

1. Salary and Compensation	Schedule B Total	\$	221,501.00
2. Support Personnel	Schedule C Total		36,593.00
3. Communication Expenses	Schedule E Total		7,266.26
4. Travel and Lodging	Schedule F Total		2,180.98
5. Benefit Passing	Schedule G-1 and Schedule G-2 Total		0.00
<b>Total Lobbying Expenditures</b>		<b>\$</b>	<b>267,541.24</b>

### RECEIPTS TABLE

**PURPOSE:** To report all fees, retainers, allowances, reimbursement of expenses, or other compensation received from Represented Entities for the purpose of influencing legislation, regulations, governmental processes, or communicating with the general public.

**NOTE:** Report only the pro rata share of each receipt which is related to influencing legislation, regulations, governmental processes, or communicating with the general public.

REPRESENTED ENTITY	AMOUNT
1. Adams, Rehmann & Heggan Associates	\$ 5,000.00
2. Association of Jewish Federations	48,252.00
3. Catholic Charities of the Archdiocese of Newark	60,000.00
4. International Federation of Professional & Technical Engineers, Local 196	36,000.00
5. International Specialty Products	7,963.00
6. Lighting Science Group	63,000.00
7. Mack-Cali Realty Corporation	30,000.00
8. Municipal Coalition	25,000.00
9. NJ Cure/NJ Pure	60,000.00
10. Parsons Advanced Technologies	125,000.00
11. Princeton Healthcare	57,000.00
12. Qualcare, Inc.	25,200.00
13. Ramapo College of New Jersey	27,000.00
14. Salem County	36,000.00
15. Stavola Companies	13,358.00
16. St. Vincent Medical Center of NY	30,000.00
17. Stephen Samost, Esq.	6,944.00
18. Tierra Solutions, Inc.	14,400.00

**TOTAL RECEIPTS**    \$ \_\_\_\_\_

### RECEIPTS TABLE

**PURPOSE:** To report all fees, retainers, allowances, reimbursement of expenses, or other compensation received from Represented Entities for the purpose of influencing legislation, regulations, governmental processes, or communicating with the general public.

**NOTE:** Report only the pro rata share of each receipt which is related to influencing legislation, regulations, governmental processes, or communicating with the general public.

REPRESENTED ENTITY	AMOUNT
1. Village of Loch Arbour	\$ 10,000.00
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	
13.	
14.	
15.	
16.	
17.	
18.	

**TOTAL RECEIPTS**    \$    680,117.00

**CERTIFICATION**

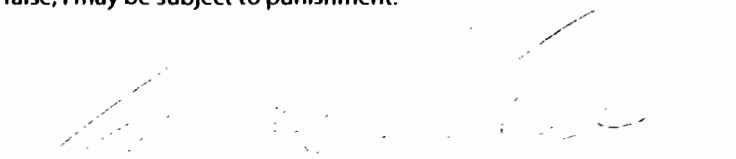
This certification shall be signed by either the Governmental Affairs Agent filing this Annual Report on his/her own behalf, or by the Managing or Principal Partner or Chief Executive Officer of the Governmental Affairs Agent Firm.

I, William P Murray  
*(print name)*

hereby certify that I am duly authorized by

MWW Group  
*(print name of firm)*

to file and certify the accuracy and correctness of this Annual Report of Lobbying Activity for calendar year 2009.  
I certify that the statements made herein are true and accurate. I am aware that if any of the foregoing statements are willfully false, I may be subject to punishment.

  
\_\_\_\_\_  
Signature

2/18/2010  
\_\_\_\_\_  
Date